U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:		
Labor Organization File Number	. File Number U - 3158	2. Fiscal Year Covered From:
Name Martin C Skraber		7/7/2004 Through: 12/37/2004
Labor Organization File Number 042-740 P.O. Box, Blog., Room No., if any P.O. Box, Blog., Room No., if any Street 320 W. National Dr. City Sacramento City Cacramento City Sacramento City Sacramento City Sacramento City Sacramento City Sacramento City Cacramento City Cac	. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any Street 32.0 W. National Or. City Sacvamento State 13.20 W. National Drive City Socvamento Socvamento City Socvamento So	Name Martin G Skraber	Name Laborers Local 185
Street /320 W. Nethinal Or. City Sacramente State Ca. ZIP Code +4 SS34 State Ca. ZIP Code +4 SS34 Position in labor organization. Business Representiture E-Board Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other commic benefit of noneitary value from an employer whose employees your organization represent or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Poom No., if any The Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	•	Labor Organization File Number 042-740
City Sacramente State Ca. ZIP Code +4 75834 State Ca. ZIP Code +4 75834 Position in labor organization. Business Representative E-Board Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Nelician interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Poom No., if any The Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State Car ZIP Code +4 95834 State Car ZIP Code +4 95834 State Car ZIP Code +4 95834 Position in labor organization. Business Representative E-Board Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Neeld an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name 7.a. Nature of interest, Transaction, or income. 7.b. Amount. Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Street 1320 W. Neetional Dr.	Street 1320 W. National Drive
Position in labor organization. Blesiness Representative E-Board Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Poom No., if any 7.b. Amount. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	city Sacramento	city Socremento
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. I. Name and address of Employer (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Poom No., if any 7.b. Amount. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	State (a. ZIP Code + 4 95-834	State Ca. ZIP Code + 4 SS934
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Poom No., if any Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	. Position in labor organization. Business Represen	Hitwe / E-Board
Name Trade Name, if any: P.O. Box, Bldg., Poom No., if any T.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	\ Hold on interact in opposed in transactions (including loans) with	
Trade Name, if any: P.O. Box, Bidg., Poom No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza	or derived income or other economic benefit of tion represents or is actively seeking to represent.
P.O. Box, Bidg., Poom No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza	or derived income or other economic benefit of tion represents or is actively seeking to represent.
Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza Name and address of Employer (including trade name, if any). Name	or derived income or other economic benefit of tion represents or is actively seeking to represent.
State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name and address of Employer (including trade name, if any). Name and address of Employer (including trade name, if any). Name Trade Name, if any:	or derived income or other economic benefit of tion represents or is actively seeking to represent.
State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza Name and address of Employer (including trade name, if any). Name Trade Name, if any:	r derived income or other economic benefit of ition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Poom No., if any	r derived income or other economic benefit of ition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Poom No., if any Street	r derived income or other economic benefit of ition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	nonetary value from an employer whose employees your organiza. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Poom No., if any Street	r derived income or other economic benefit of ition represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
	nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Poom No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Telephone Number

Name of Person Filing Martin G. 5 Kraber	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	[
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	C. Enthoyou
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
	12.a. Nature of finterest field of income received.
State ZIP Code + 4	Z.a. Nature of interest ried of income received.
Summing and the second	12.b. Amount.
Summing and the second	12.b. Amount.
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. r parts A and B above) or other thing of value.